

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
United States of America

COURT CASE NUMBER
15-CV-1027V

#15-CV-1027

DEFENDANT
Patricia Scanlan, et al

TYPE OF PROCESS
TERMS OF SALE

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

County of Cattaraugus- City of Salamanca

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

847 Front Ave., Salamanca, NY 14779

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Forsyth, Howe, O'Dwyer, Kalb & Murphy, P.C.
Attn: Jennifer Clark
One S. Clinton Ave., Suite 1000
Rochester, NY 14640

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

RECEIVED
2017 JAN 10 PM 1:55
U.S. MARSHAL SERVICE
WESTERN DISTRICT OF NY

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please conduct the foreclosure sale schedule for February 23, 2017 at 11:00 am.

Signature of Attorney other Originator requesting service on behalf of:

Jennifer Clark

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
585-325-7515

DATE
1/9/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process
1

District of
Origin
No. 55

District to
Serve
No. 55

Signature of Authorized USMS Deputy or Clerk

MEH, ALA

Date #2
01-10-2017

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to serve the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown c e)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date
2/6/17 Time
10:37 ☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charge
including endeavor.

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

Sale Cancelled - open Five claim not yet resolved
2/6/17 Jmf

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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